

Do as I Say, or as I Do?

A STUDY by Wells, Lewis and Potter in this issue again calls attention to a relatively low level of concern many physicians appear to have with their own health and a comparable low level of concern of medical societies with the health status of their members. Each physician obviously has his or her own personal attitude toward his or her own health and health maintenance. Presumably these attitudes are not too different from those of the general public except that, because of their professional knowledge and experience, some physicians may be at one extreme—that is, evangelists for every new health measure that comes along—while others at the opposite end of the spectrum of enthusiasm are slower to get on the bandwagon and therefore more nihilistic or fatalistic about health and health maintenance for themselves and others. And some, also like much of the public, are simply afraid and would rather not know if something were wrong with them, and so consciously or unconsciously avoid submitting to health screening or health examinations.

Perhaps it is time, now that more hard data are accumulating, for physicians to begin to practice more of what they as a profession preach. There is reason to believe that when we become convinced of the need and do this, we can be effective. It is generally conceded that members of the medical

profession have become convinced and shown the way by sharply curtailing their own cigarette smoking and that this is now having an important effect in the general population. This came about because physicians were so convinced by the data that great numbers of them decided to practice what they had been preaching. "Do as I say" may have had some effect, but "Do as I do" has had much more.

One senses that the time is at hand for physicians to pay more attention to their own health status. In recent years there has been increasing emphasis on the diagnosis and treatment of impaired physicians and this has been a good beginning. But if we expect our patients and the public to be as concerned about their health status as we say they should be, then it behooves us to show them, by the example of what we do, that we are convinced that health assessment and health maintenance are really important and really worth the effort. If health promotion for their physician membership were to become prevalent among medical associations, the members would be well served, and the public could only be impressed and encouraged to do the same thing for themselves.

As discussed in the article "Health Screening of Physicians—A Role for Local Medical Societies," the Fresno-Madera County Medical Society has shown us a way.

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